

## **Application Data Sheet**

### **Application Information**

Application number::	Not Yet Assigned
Filing Date::	September 17, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Apparatus And Method For Verifying Print Quality Of An Encoded Indicum
Attorney Docket Number::	283-381
Request for Early Publication::	No
Request for Non-Publication::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

## **Applicant Information**

Applicant Authority Type::	Inventor #1
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	E.
Family Name::	Biss
Name Suffix::	
City of Residence::	Auburn
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	3192 Barrington Way
City of Mailing Address::	Auburn
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	13021

Applicant Authority Type::	Inventor #2
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	
Family Name::	Longacre
Name Suffix::	Jr.
City of Residence::	Skaneateles
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	21 Leitch Avenue
City of Mailing Address::	Skaneateles
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	13152

Applicant Authority Type:: Inventor #3  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: H.  
Family Name:: Havens  
Name Suffix::  
City of Residence:: Marcellus  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 25 South Street, Apt. B-33  
City of Mailing Address:: Marcellus  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 13108

Applicant Authority Type:: Inventor #4  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donna  
Middle Name:: M.  
Family Name:: Fletcher  
Name Suffix::  
City of Residence:: Auburn  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 7337 Cherry Street Road  
City of Mailing Address:: Auburn  
State or Province of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 13021

Applicant Authority Type:: Inventor #5  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Eunice  
 Middle Name::  
 Family Name:: Sonneville  
 Name Suffix::  
 City of Residence:: Ontario  
 State or Province of Residence:: NY  
 Country of Residence:: US  
 Street of Mailing Address:: 5759 Slocum Road  
 City of Mailing Address:: Ontario  
 State or Province of Mailing Address:: NY  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 14519

#### **Correspondence Information**

Correspondence Customer Number:: 20874

#### **Representative Information**

Representative Customer Number::	20874
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#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::